

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	10					
TOTAL DEP.	31	↔	↔	↔		
TOTAL CLAIMS	41	████████	████████	████████	████████	████████

*	IND	DEP	*	IND	DEP	*	IND	DEP
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TOTAL IND.				↔	↔	↔		
TOTAL DEP.				↔	↔	↔		
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████	████████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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